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CENTRAL FAX CENTER~~AUG 16 2007~~**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Zuckermann et al.

Attorney Docket No.:
CHIRP053/16141.0003

Application No.: 10/025,423

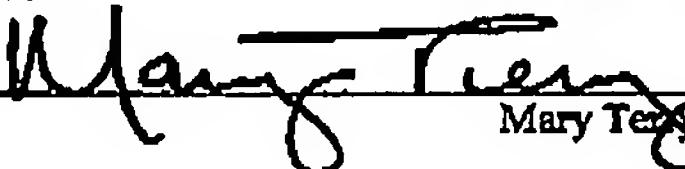
Examiner: Wessendorf, Teresa

Filed: December 18, 2001

Group: 1639

Title: OLIGONUCLEOTIDE TRANSFECTION
SCREENING METHOD**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted by facsimile to fax number 571-273-8300 to the U.S. Patent and Trademark Office, Attn: Examiner Wessendorf on August 16, 2007.

Signed: 

Mary T. T.

REQUEST FOR CONTINUED EXAMINATION (RCE)
(37 CFR §1.114)

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) of the above-identified application.

I. Submission required under 37 C.F.R. §1.114:

- a. Previously submitted
 - i. Consider the amendment/reply under 37 C.F.R. §1.116 previously filed on ____.
(Any unentered amendment referred to above will be entered.)
 - ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on ____.
 - iii. Other ____.
- b. Enclosed
 - i. Amendment/Reply
 - ii. Affidavit/Declaration
 - iii. Information Disclosure Statement with Form PTO-1449
 - Copies of IDS Citations
 - iv. Other ____.

08/17/2007 HDESTA1 00000030 500388 10025423

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2. Fees: (The RCE fee is required at the time the RCE is filed.)

AUG 16 2007

Fee Calculation (37 CFR §1.16)

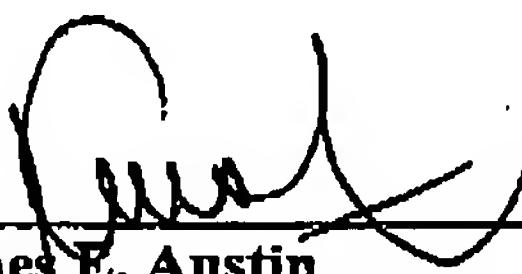
| | Claims After Amendment | | Highest Previously Paid For | Present Extra | Large Entity Rate Fee |
|--|------------------------|-------|-----------------------------|---------------|-----------------------|
| Total Claims | 16 | MINUS | 21 | 0 | x 50 = 0 |
| Independent Claims | 1 | MINUS | 3 | 0 | x 200 = 0 |
| Multiple Dependent Claim Present and Fee Not Previously Paid | | | | | \$ |
| Fee for Request for Continued Examination Under 37 C.F.R. §1.17(e) | | | | | \$790.00 |
| | | | | | TOTAL \$790.00 |
| SMALL ENTITY 50% FILING FEE REDUCTION (if applicable) | | | | | |

- a. Applicant hereby petitions for a month extension of time.
 - b. Applicant believes that no (additional) extension of time is required; however, if it is determined that such an extension is required, Applicant hereby petitions that such an extension be granted and authorizes the Director to charge the required fees for an extension of time under 37 CFR §1.136 to Deposit Account No. 500388.
 - c. Enclosed is our Check No. in the amount of \$ to cover the RCE fee.
 - d. The Director is authorized to charge \$790.00 and any fees beyond that amount which may be required, or to credit any overpayment, to Deposit Account No. 500388 (Order No. CHIRP053)
3. Please continue to send correspondence to the following address:

Customer Number 022434

022434

Date: August 16, 2007


James E. Austin
Registration No. 39,489


Anna Gavilova
Registration No. 58,181